

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/536864

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	1					
11						
12						
13	1					
14						
15						
16						
17	1					
18	1					
19	1					
20	2					
21	2					
22	1					
23	1					
24	1					
25						
26						
27						
28	1					
29						
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48						
49						
50						
TOTAL IND.	14	↓		↓		↓
TOTAL DEP.	32	←	←	←	←	←
TOTAL CLAIMS	36					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						